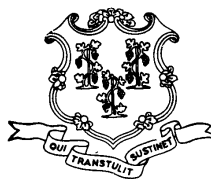


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Telephone: (860) 713-6160  
 Email: [dcp.foodandstandards@ct.gov](mailto:dcp.foodandstandards@ct.gov)  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## **Reinstatement Form for Bakery License**

- **This form can only be used to reinstate a license that expired on or after 06/30/2012.** The license number you wish to reinstate must be entered on this form.
- **A change in ownership or location: Do not use this form.** This license is non-transferable. To obtain a new application, go to our web-site at [www.ct.gov/dcp](http://www.ct.gov/dcp). Questions can be directed to the Food & Standards Division at the above telephone number or email address.
- **See \*fee schedule below:** A total **reinstatement fee is based on the number of production workers, for each one-year period of expiration** and **must** accompany this form. Checks or money orders should be made payable to "Treasurer, State of Connecticut."
- Return this completed form with the applicable fee to the above address.
- All licenses expire annually on June 30<sup>th</sup>. A completed form with the applicable fee will reinstate the indicated license to the current renewal year.
- The **number of production workers is defined as**, "...the number of persons engaged in the production of bread and pastry products, excluding porters, dishwashers, drivers, sales personnel and other employees not directly engaged in such production"; pursuant to Connecticut General State Statutes, Sec. 21a-152.

*Fee Schedule:	
Based on range of production workers:	Application fees for each one-year period expired:
0 to 4	\$30.00
5 to 9	\$50.00
10 to 25	\$110.00
26 to 99	\$220.00
100 or more	\$275.00

License Number to be Reinstated	Expiration Date of License	Number of Production Workers

License Information			
Business Name			
Physical Location of Production/Storage Facility – Street Address		City	State
			Zip Code
Telephone Number	Email Address to be used for all correspondence		FEIN

Mailing Address (if different than above)			
Business Name (if applicable)			
Street Address		City	State
			Zip Code

Certification		
I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.		
Signature of Applicant	Title	Date